PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

754465

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				$ 315.00	OR		$ 630.00
TOTAL CLAIMS	47 minus 20 =	* 27	x $10=	270	OR	x $20 =	
INDEPENDENT CLAIMS	5 minus 3 =	* 2	x 30 =	60	OR	x 60 =	
MULTIPLE DEPENDENT CLAIM PRESENT			+ 100 =		OR	+ 200 =	
* If the difference in column 1 is less then zero, enter "0" in column 2			TOTAL	645	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	* 48	Minus	** 47	= 1	x $10=	10	OR	x $20 =	
Independent	* 5	Minus	*** 5	=	x 30 = 36		OR	x 60=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 100 =		OR	+ 200 =	
					TOTAL ADDIT. FEE	10 due	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x $10 =		OR	x $20 =	
Independent	*	Minus	***	=	x 30 =		OR	x 60 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 100 =		OR	+ 200 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x $10 =		OR	x $20 =	
Independent	*	Minus	***	=	x 30 =		OR	x 60 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 100 =		OR	+ 200 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR **PATENT** FEE REFUND	DEC92-00429

1 Date of Request: 9-14-91	2 Serial/Patent # 07/754465

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing		9/3/91	$ 100.00
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$ 100.00

8 TO BE REFUNDED BY:

✓ Treasury Check

Credit Deposit A/C #:

9 | | | | -- | | | | |

10 REASON:

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: E. DOVE   TITLE: _____

SIGNATURE: _____   PHONE: 308-1202

OFFICE: ONIAR

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: A. Twyman   DATE: 12/27/91

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)